



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2244

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Provides funding to complete the restoration of the Gulf County Outpatient Mental Health Clinic which was significantly damaged by Hurricane Michael in October 2018. Renovation of the facility is necessary to provide mental health and substance abuse treatment services for Gulf County residents.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 485,000 |
| Total State Funds Requested | 485,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 485,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 485,000 | 100% |

8. Has this project previously received state funding? No

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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\$2.8 million Payroll Protection Program (PPP) loan forgiveness received from the Small Business Association. No federal assistance has been obtained for this project.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

Not sure

d. What is the estimated completion date of construction?

Not sure

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Gulf County

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|--|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Completes restoration of the Gulf County Outpatient Mental Health Clinic which was damaged by Hurricane Michael. | 485,000 |
| Total State Funds Requested (must equal total from question #6) | | 485,000 |

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Completes restoration of the Gulf County Outpatient Mental Health Clinic which was significantly damaged by Hurricane Michael in October 2018. Renovation of facilities required to provide mental health and substance abuse treatment services for Gulf County residents.

b. What activities and services will be provided to meet the intended purpose of these funds?



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Adults and children with mental illness, serious emotional disturbance, and/or substance abuse use problems will receive outpatient treatment.

c. What direct services will be provided to citizens by the appropriation project?

Outpatient mental health and substance abuse services will be provided.

d. Who is the target population served by this project? How many individuals are expected to be served?

Residents of Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The provision of outpatient evaluation and treatment services for persons with co-occurring mental health and substance abuse issues will improve safety and other conditions in the community. Methodology will be to maintain data on number of persons served, maintain data on days within the community on each person served and maintain data on levels of functional impairment.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Reduce funding or cancel contract, if required.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number



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17. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number